

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/174,804 REISSUE	10/19/98	213 473	3711	WARR-0127-R

APPLICANT

DAVID MORROW, FARMINGTON HILLS, MI; PHILIP NAUMBURG, LOVELAND, CO.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A RE OF 08/516,791 08/18/95 PAT 5,568,925

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FOREIGN FILING LICENSE GRANTED 11/12/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 74	INDEPEND CLAIMS 5
Verified and Acknowledged					

Examiner's Initials

Initials

#12 ADDRESS

~~BROOKS & KUSHMAN~~  
1000 TOWN CENTER  
22ND FLOOR  
SOUTHFIELD MI 48075

John D. Artz  
Artz + Artz P.C.  
2833 Telegraph Rd., Suite 250  
Southfield, MI 48034

TITLE

SCOOPED LACROSSE HEAD

FILING FEE  
RECEIVED

\$664

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees  
☐ 1.16 Fees (Filing)  
☐ 1.17 Fees (Processing Ext. o'  
☐ 1.18 Fees (Issue)  
☐ Other \_\_\_\_\_  
☐ Credit



Bib Data Sheet

CONFIRMATION NO. 6167

SERIAL NUMBER 00/174,804	FILING DATE 10/19/1998  RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. WARR-0127-R
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APPLICANTS

DAVID MORROW, FARMINGTON HILLS, MI;

DAVID NAUMBURG, LOVELAND, CO;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/516,791 08/18/1995 PAT 5,568,925

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 5
35 USC (1) (d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verbal Acknowledged Examiner's Signature _____ Initials _____				

AL  
JOHN A. ARTZ  
ARTZ & ARTZ P.C.  
28200 GRAPH RD., SUITE 250  
SCOTTSDALE, AZ 85251

LACROSSE HEAD

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit